## MEDICAID BEHAVIORAL HEALTH MANAGED CARE FREQUENTLY ASKED QUESTIONS

Question	Answer
Why is the term "behavioral health" being used?	The term "behavioral health" includes both mental health and substance abuse treatment services. The change from the current fee-for-service model to a managed care system allows Medicaid to put substance abuse services in the same program as mental health services. To give a good description of the program, Medicaid is using the term "behavioral health".
What is the difference between the current fee-for-service model and the new managed care system?	In the current fee-for-service model, providers get paid for each service. In the managed care system, the provider gets fixed payments for each participant enrolled, which means better service and better results.
When will behavioral health services change over to the managed care system?	This change is planned for July 1, 2013. There are some factors that can change this timeline. The Department's website will have updates to keep people informed.
Has Medicaid developed a waiver for mental health services?	Yes. Medicaid is working with the Centers for Medicare and Medicaid Services to make the change from the fee-for-service model to a managed care system for behavioral health services. To make this change, Medicaid has developed a 1915(b) waiver for a prepaid ambulatory health plan. Details about this kind of waiver are available on the Medicaid.gov website.
What is a prepaid ambulatory health plan?	In this kind of health plan, the provider:
	<ul> <li>Gets fixed payments from the state for every person enrolled in the plan, or uses other non-state plan payment rates.</li> </ul>
	Does not cover inpatient or institutional services.
	Does not cover more than two of the services listed below and does not cover any of the services listed below when they are given to a patient in a hospital:
	o outpatient hospital services

September 2012 Page 1

Question	Answer
How will Medicaid find a	<ul> <li>rural health clinic services</li> <li>federally qualified health center services</li> <li>other laboratory and X-ray services</li> <li>nursing facility services</li> <li>family planning services</li> <li>physician services</li> <li>home health services</li> <li>early and periodic screening, diagnostic, and treatment services</li> <li>Medicaid must use the state's Request for Proposal (RFP) process to find a company</li> </ul>
company that can do this work?	that can do this work. The state will tell companies what the requirements are and the companies will send information to the state showing that they can do the work. The state will look at the information each company sends and select the company that can best manage the new Idaho Behavioral Health Plan.
Where can I review a copy of the RFP?	The RFP is posted online at <a href="https://www.simcom.net">www.simcom.net</a> (you must register on the website to read the RFP).
When will the new company be chosen?	The state will choose the company in January of 2013, but the company won't start the work until July 1, 2013. After the company is chosen, more information will be put on the Department's website at <a href="https://www.healthandwelfare.idaho.gov">www.healthandwelfare.idaho.gov</a> . This new contractor will need time to work with the Department to develop the new managed care system. The Department will let everyone know the date that the new system will start through press releases, newsletter articles, letters, and the website.
Will there be more behavioral health services with managed care?	After the initial two-year waiver period is over, Medicaid might be able to create new benefits using the money that is saved.
Will we be able to use the same providers we use now?	The new contractor will have to recruit, enroll, and manage both new and current Medicaid providers who meet their requirements. Idaho Medicaid is asking the new contractor to use as many of the current providers as it can.

September 2012 Page 2

Question	Answer
Will I be able to use my current service coordinator to get my case management services?	The new contractor will make sure case managers are available and all participants get the case management services they need. Current service coordinators will be able to tell the new contractor they want to do this work and sign up through the new contractor if they meet the requirements.
Will participants have to re-enroll with the new contractor?	No. Medicaid will enroll all eligible participants into the new Idaho Behavioral Health Plan. The contractor must make sure this change is as easy as it can be for participants.
What if my current provider does not enroll in the new network?	If your provider does not join the network, you'll have to choose a new provider who is enrolled. The contractor will help you switch to your new provider.

September 2012 Page 3